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### Thanks for the Feedback

As of January 7, 1999, we received 409 responses to our request for feedback on the information you would like to see in this newsletter. This represents approximately 5% of the newsletters distributed. A special thanks to Pat Mostacci, Senior Counsellor at the Salvation Army Calvert House for being the first respondent to return a completed questionnaire!

Most respondents (92%) indicated that they would like to receive the newsletter through the mail. A few people had questions about the quantity of newsletters they had received and about the newsletter's cost. All HCHSA member organizations (Rate Groups 851, 852, 853, 857, 858, 861, 875 and Schedule 2) receive between one and three copies of the newsletter, depending on their size. These newsletters are sent to your organization at no cost. If you wish to have more than the allotted number of newsletters, an annual subscription rate is available at a cost of \$20.00. Remember the newsletter can also be downloaded from our web site ([www.hchsa.on.ca](http://www.hchsa.on.ca)). For non-members, the subscription rate is \$60.00 plus GST, PST.

In terms of regular features/columns to include in the newsletter, most respondents (79%) favoured an "Ask a Consultant" column. However, all the suggested features (i.e., Research Update, Available

Resources, WSIB Statistical Information) were supported. Other suggestions included regular features on educational opportunities, legislative information, success stories/case studies and information pertaining to risk management.

The topics that respondents indicated they would like to see covered in the newsletter are provided in the sidebar. Other suggestions included specific information on infection control, environmental monitoring, occupational health, ergonomic issues, training and certification and WSIB. Other respondents indicated a need for specific information relating to community health settings.

#### Implications for the Newsletter

Some of you will hopefully have noticed that we incorporated some of your suggestions in this issue. We have increased the size of the graphics, reduced our use of acronyms

and clearly indicated our association name on this front page. As the newsletter issues unfold, we will seek to address your queries and to present additional topics that you would like to see.

Thirty-four respondents indicated an interest in contributing to future newsletters and we will look at including a minimum of one contribution from these respondents in upcoming newsletters.

Although three people did request a French version of the newsletter, we will be providing most of the copy in English. As stated in our first newsletter, we welcome submissions from French-speaking practitioners and would like to see this aspect of the newsletter as a regular feature.

We also extend an open invitation to call or fax us with any additional feedback that you may have. This is your newsletter and we want it to be as useful to you as possible.

### New HCHSA Resources

We have been busily working to develop resources to help our member organizations. To date, the following are available. Please note that product prices listed do not include shipping and handling nor relevant taxes. These charges would be extra. A minimum order of \$10.00 per purchase is required.

#### 1998 Pocket Ontario Occupational Health and Safety Act and Regulations

This Carswell consolidated edition of the OH&S Act and the Regulations relating to health care and other sectors is a handy reference tool for any workplace. Members \$15.00; Non-members \$25.00.

Topics of Interest	Frequency
Injury prevention	75%
Health promotion	74%
Return-to-work	69%
Health and safety programming	68%
Repetitive strain injuries	68%
Infection control	65%
OH&S Legislation	64%
Communicable disease surveillance	61%
Workplace inspections	61%
Incident reporting	59%
Indoor air quality	57%
Transfers and lifts	56%
Employee assistance programs	55%
Computer ergonomics	55%
Accident investigations	53%
Violence in the workplace	52%
Latex allergies	47%
JHSC functions	44%
Blood borne pathogens	44%
Sharps handling	43%
Alcohol and drug abuse	39%
Air (exposure) monitoring	31%
Waste management	31%
Manual materials handling	23%

#### Transfers and Lifts for Caregivers (TLC): An Ergonomic Approach to Client Handling (Third Edition)

This resource is filled with valuable information for organizations concerned about the incidence of musculoskeletal injuries caused by improper client

*New HCHSA Resources (continued)*

lifting and transferring techniques. The ten sections cover topics like assessing clients for transfer and lift procedures, using transfer devices safely and ways to benefit from participatory ergonomics. Information on how to implement a full-scale TLC program as well as the legal obligations of employers is also provided. Each TLC binder is accompanied by 14 pads of logo cards, 50 client assessment cards and a diskette containing sample surveys and assessment tools, which can be customized. Members \$60.00; Non-members \$100.00.



*TLC...a comprehensive resource!*

### Additional TLC Supplies

The 14 logo cards that accompany the TLC program can also be purchased separately. Members \$1.00 per pad; Non-members \$1.50 per pad.

- Independent Unsupervised Transfer (LAP-098)
- Independent Supervised Transfer (LAP-083)
- Minimum Assistance Transfer (LAP-084)
- Two-person Side-by-side Transfer (LAP-085)
- One-person Pivot Transfer (LAP-086)
- Two-person Pivot Transfer (LAP-087)
- Side-by-side Lift (LAP-091)
- Front and Back Lift (LAP-092)
- Shoulder Lift (LAP-093)
- Lifting Device (LAP-096)

- Transfer/Walking Belt (LAP-097)
- Transfer Disk (088)
- Transfer Board (LAP-089)
- Patient Handling Sling (LAP-090)

### Pads of Assessment Cards for Transfers and Lifts

(LAP-082) Members \$2.50 per pad; Non-members \$4.00 per pad.

### Facts

The Fast Facts series provide basic information on a variety of health and safety topics. The fifteen titles

currently available in this series include:

- An Introduction to the Joint Health and Safety Committee (LAP-162)
- Building a Successful Transfers and Lifts Program for Caregivers (LAP-182)
- Caught in the Middle: The Supervisor and Occupational Health and Safety (LAP-166)
- Empowerment and Self-protection: Occupational Health and Safety for Workers (LAP-167)
- Ergonomic Guidelines for Laundry Workers, Supervisors and Managers (LAP-131)
- Ergonomic Tips for Dietary Staff (LAP-172)
- Ergonomic Tips for Resident/Patient Bathrooms (LAP-173)
- Hazards in Health Care Workplaces (LAP-184)
- How Does My Back Work? (LAP-183)
- How to Figure Out How Much You Can Lift (LAP-174)
- How to Investigate an Incident (LAP-132)
- Let's Talk About the Health Care Regulation (LAP-164)

- Occupational Health and Safety is Everyone's Business (LAP-161)
- The Leadership Factor: Occupational Health and Safety Begins With Us (LAP-165)
- What Does Task Analysis Have to Do with Me? (LAP-168)

The Fast Facts can be purchased in sets of 50 in either unfolded 8.5" x 11" sheets or tri-folded (for inclusion in No. 10 envelopes). Prices for Members \$15.00; Non-members \$25.00.

If you would like to receive a free sampler of three fact sheets, please call Kim Badovinac at 1-877-250-7444, ext. 136/(416) 250-7444, ext. 136 and indicate which three fact sheets you would like to preview. You can specify the fact sheets using the LAP numbers or titles.

### Resources in development:

- Workplace Inspection Report (a non-carbon reproducible (NCR) form to be used during scheduled workplace inspections)
- Employee Incident Report (an NCR form used to report incidents involving employees)
- Division Monthly Analysis of Incidents (a form completed monthly by each division that summarizes the details of incidents, location and nature of injury as documented from information contained in the Employee Incident Report)
- Organization Monthly Analysis of Incidents (an NCR form completed by the secretary of the JHSC from information contained in the Division Monthly Analysis of Incidents).

In our next issue of the newsletter, we will include a catalogue of the products and services available from the HCHSA.

*Of special interest to readers may be our resource for June's Occupational Health & Safety Week. Featuring workplace wellness, this resource will contain posters, a book of suggested activities and employee pamphlets. This resource will be available for purchase on April 1, 1999. Please check our web site in mid-February for further details. If you do not have access to a web site, please call our Product Development department at 1-877-250-7444, ext. 136 for further information.*

*The Safe Angle* is the newsletter of the Health Care Health & Safety Association of Ontario for its member organizations in the health care sector. The newsletter is printed three times per year and is available in both paper and electronic forms. Individual issues of the newsletter can be downloaded from HCHSA's web site [www.hchsa.on.ca](http://www.hchsa.on.ca) and may be reproduced without permission for wider distribution.

Bylined articles reflect the opinions of the author(s), not necessarily those of HCHSA. We believe the information in this publication is accurate and reflects contemporary expert opinion. However, the association assumes no responsibility or liability for the accuracy or sufficiency of this information, nor does it endorse any product mentioned herein with the exception of those produced by HCHSA.

We welcome member contributions in the form of articles, ideas, letters and photographs.

For further information, please contact the Newsletter Editor at:

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## Certification Training



By Anne Duffy,  
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### Requirements

Under the *Occupational Health & Safety Act*, employers are required to have at least two members of the Joint Health and Safety Committee (JHSC) who are trained in health and safety. These members will have specific responsibilities under the Act and they will be referred to as “certified members.” The intent of certification training is to furnish participants with the knowledge and skills needed to fulfill the legislated duties of a certified member (e.g., work stoppages and, preferably, workplace inspections and work refusals) and to support the internal responsibility systems in preventing workplace injuries and illnesses, assessing and eliminating hazards, and enhancing health and safety performance.

The overall certification process consists of two phases. Phase I is completion of the Basic Certification Training. Phase II consists of completion of the Workplace Specific Hazard Training. A compliance date for the latter training has not yet been announced by the Ministry of Labour. This should not, however, preclude an organization from participating in Phase II.

For certified members with “expired” certification cards, certification is still valid. Once

a compliance date for the Phase II has been set by the Ministry of Labour and the WSIB, the Workplace Specific Hazard Training will be required. Once the training is complete, certification credentials will be updated.

The Basic Certification Training must be delivered by a WSIB-approved Certification provider. WSIB stipulates that this program must consist of, at minimum, four main components:

#### Health and Safety Law

- Legislation
- Policies and programs
- The Joint Health and Safety Committee
- Certified members

#### Hazard Identification and Control

- Safety hazards
- Health hazards
- Health and safety hazard identification
- Health and safety hazard assessment
- Health and safety hazard control

#### Investigation Techniques

#### Prevention Resources

- Resources
- Communications

The content of an organization’s Workplace Specific Hazard Training may be determined by each individual workplace based on the results of a workplace hazard assessment. A workplace may customize its training based on the hazards it has assessed or it may sign up for an “endorsed program.” In order for a program to be endorsed,

the WSIB have to approve the endorsing body. Industry associations and the Board of Directors of safe workplace associations are some examples of types of endorsing bodies. In the health care sector, the Ontario Association of Non-profit Homes and Services for Seniors has been recognized as an endorsing body for a long-term care Workplace Specific Hazard Training program. To date, this is the only health care-related program that is endorsed.

#### The HCHSA Approach

To assist our member organizations with certification requirements, HCHSA is now offering Basic and Workplace Specific Hazard Training in conjunction with Comp Advantage Inc., a WSIB Approved Certification Provider. In selecting a partner organization, HCHSA sought a company that met the following criteria:

- Was a WSIB Approved Certification Provider
- Developed an annual schedule of courses
- Delivered training throughout the province
- Was experienced in H&S in the health care sector
- Offered both Basic and Workplace Specific Hazard Training
- Offered the training in two to three day formats
- Offered flexibility in terms of the mode of training delivery
- Was competitively priced
- Was willing to be one of a number of HCHSA partners, not our sole provider.

*continued on page 4...*

## Our New Web Site

We are pleased to announce the launch of our new web site [www.hchsa.on.ca](http://www.hchsa.on.ca). Designed by Realtime Interactive of Toronto, the site has been revamped so that it is easier to use, reflects facets of our organization and provides members with pertinent health and safety information.

Our main menu is made of large, easy to read buttons with lots of visual feedback to aid you in navigating the site. As well, we have kept the “layers” to a minimum, in an effort to allow you to get where you want in the site as quickly as possible. As part of our effort to increase interactivity, we have also incorporated a skill-testing quiz component. Each time you load our page, you will be greeted by a different question, either multiple-choice or true/false, and receive instant feedback.

While still somewhat skeletal, we will continue to augment the site as information becomes available. New information will be flagged at the front-end of the site under the “What’s New” heading. Eventually, we hope to have an online ordering component so that we can take and process your orders for products in a seamless fashion. We welcome your feedback on our new look and on the usefulness of this site.



*Check out our new website!*

*Certification Training (continued)*

Comp Advantage Inc. is the provider that, to date, met this criteria. The HCHSA-Comp Advantage Inc. partnership will assist HCHSA in its mandate of supporting the prevention and reduction of workplace injuries and occupational diseases in the health care sector in Ontario.

**Program Offerings**

HCHSA/Comp Advantage Inc.'s Basic Certification Training course is available in a three-day classroom format or in a self-directed, correspondence format. The Basic Training consists of twelve modules. The long-term care

sector Workplace Specific Hazard Training is two days long and consists of ten modules. It is available in classroom format only.

The enclosed insert provides further details about the courses as well as the dates and locations of upcoming sessions. In addition, it has a registration form that can be completed by interested participants and faxed to Comp Advantage Inc. at their corporate offices in Tillsonburg. It is vital that all participants identify the WSIB firm number and WSIB rate group for their organization. This will permit registration

fees at the HCHSA member rate and ensure that the organization is identified with the WSIB as having certified members.

**Programs in Development**

Next on the program development agenda, HCHSA and Comp Advantage Inc. will be developing Workplace Specific Hazard Training programs for the acute care and community care sectors. The modules chosen for inclusion in the program will be determined with input from advisory committees. As well, these committees will provide advice on the content for the modules.

Development of the acute care program will begin early in 1999. The members on this advisory committee represent hospitals of varying sizes, classifications and locations. Individuals on the committee reflect the diverse expertise of the acute care setting. It is anticipated that this training will be ready for delivery in the late spring of 1999. Planning for the community care sector will be initiated in the spring of 1999.

For more information, please contact Anne Duffy, HCHSA Consultant at Tel. 1-877-250-7444, ext. 129; E-mail: [aduffy@hchsa.on.ca](mailto:aduffy@hchsa.on.ca)

## Recognizing Excellence In Workplace Health

More and more, employers are turning to workplace health and wellness programs to help workers deal with the many stresses of life. To recognize those organizations who are taking a long-term, more strategic approach to workplace health, the National Quality Institute and Health Canada launched the new Healthy Workplace Awards on September 28 at the Health, Work & Wellness Conference in Whistler, B.C. The first of its kind, the awards program aims to encourage other Canadian organizations to take a leadership role in improving employee quality of life.

The Healthy Workplace Award was launched under the banner of the long-standing Canada Awards for Excellence, established by Industry Canada in 1984 and administered by the National Quality Institute since 1992. The National Quality Institute

(NQI) is an independent, not-for-profit organization established in 1992 as a joint initiative of the private and public sectors with the support of Industry Canada. In co-operation with strategic partners located across Canada, the NQI is working to create a stronger, healthier future for Canada through the adoption of total quality in the private, government, education, health care and labour sectors of our economy.

**Who Should Apply?**

All workplaces, small or large, are encouraged to order the free entry guide, which includes the Canadian Healthy Workplace Criteria and a list of Health Canada resources. These tools can also be utilized to assist organizations in evaluating strengths and opportunities in their own workplaces to develop policies and programs.

**Benefits to Applicants**

The main benefits to organizations applying for consideration for the Healthy Workplace Award are:

- receipt of a feedback report listing strengths and opportunities for improvement;
- objective third-party views from qualified assessors;
- healthier workplaces, which will promote higher productivity and profitability
- increased ability to recruit the most qualified employees.

**Award Categories**

Two levels of recognition are available. The Trophy Award recognizes overall effectiveness and achievement in meeting the intent of the Canadian Healthy Workplace Criteria and recipients are regarded as leaders in workplace health. The Certificate of Merit awards organizations whose achievements are notable and deserving of recognition but require more

time to accomplish the desired results. These organizations are potential future trophy recipients.

**Award Criteria**

The National Quality Institute and Health Canada have adopted a holistic view of workplace health encompassing multiple aspects of the organization and its management practices. The National Quality Institute has developed criteria to serve as the standardized evaluation tool for the awards in consultation with Health Canada and workplace health professionals from industry based on the determinants of a healthy workplace and using its Canadian Quality Criteria as the framework. The Canadian Healthy Workplace Criteria cover four key components essential to driving, developing and sustaining a healthy workplace. These components are: Leadership,

## Benchmarking: Focus on Rate Group 851/Homes for Nursing Care



By Michael Atkinson,  
Consultant  
With  
Kim  
Badovinac

As part of our commitment to providing benchmarking information, we will be featuring one rate group for each of the next seven newsletters to show how organizations compare with one another in terms of total number of WSIB claims. In this issue, we feature rate group 851. For a definition of this rate group classification, please see the sidebar.

The data presented in both tabular and graphic formats shows the number of claims for each organization under the 851 rate group (N=418) for 1997. Organizations are identified by the last five digits of their WSIB Account Number and are grouped in

one of three groups according to their Rating Factor.

### Rating Factor

WSIB annually calculates a Rating Factor for every firm. This figure is used in the calculation of surcharges or refunds from the WSIB. Specifically, surcharges/refunds are calculated by multiplying the difference between expected accident costs and actual accident costs (i.e., NEER cost) with the Rating Factor.

$$\left( \frac{\text{WSIB Expected Accident Cost} - \text{Actual Accident Cost}^1}{\text{Actual Accident Cost}^1} \right) \times \text{Rating Factor} = \text{Surcharge/Refund}$$

<sup>1</sup> Actual Accident Costs are limited by individual claim cap values. Firm costs also have a maximum cap value, which is reviewed annually.

Rating Factors vary from 25 to 90 percent and are determined on the basis of the annual payroll size. In a nutshell, small organizations

typically have a Rating Factor of 25%, mid-sized firms are around the 50% mark, large organizations are around the 75% mark and very large

organizations are around the 90% mark. In essence, the Rating Factor system is

*continued on page 6...*

### Rate Group Classification

**The following is taken directly from the WSIB Employers' Classification Manual and may not reflect all the changes in the health care system that have taken place over the last few years.**

Nursing Home Operations  
(851) Compulsory under Schedule 1 Includes:

- Employers engaged in operating extended care residential facilities where nursing and personal care is provided on a continuing basis, with medical and professional supervision. These homes provide a minimum of 2.0 hours of nursing or personal care a day per person, as stipulated by the Ministry of Health requirements.
- Nursing homes operated by employers such as religious organizations, charitable institutions and non-profit agencies.
- All Homes for the Aged operated by government or charitable organizations under the auspices of the Ministry of Community and Social Services are included here whether or not they provide medical or professional supervision.

Excluded from this rate group are residential care facilities for persons requiring less than 2.0 hours of nursing or personal care a day.

### Recognizing Excellence in Workplace Health (continued)

Planning, People Focus and Process Management. A fifth section, "Outcomes," is designed to compile the results and effects on the organization. The key elements of a healthy workplace include the Physical Environment, Health Practices, and Social Environment & Personal Resources.

### Award Selection

A team of qualified assessors will conduct site visits at short-listed applicant organizations to interview staff members and confirm the information provided in

written submissions. A jury panel comprising senior executives will review the information gathered by the site examination teams together with the written submission to make the final, binding decision on the Award recipients. Organizations are provided with an award if they meet or exceed the intent of the criteria. The Healthy Workplace Award is not a competition between organizations, but rather an evaluation of each applicant's ability to meet the established criteria. Each participating organization receives a

feedback report and recommendations to assist them in making improvements in the workplace.

### Submission Deadline

The deadline for submitting applications is April 1, 1999, with the first of the Healthy Workplace Awards to be presented at the Canada Awards for Excellence Gala in October 1999. To order the Criteria and Entry Guide or for further information, contact the National Quality Institute at (416) 251-7600 or 1-800-263-9648 or visit their Web site at [www.nqi.ca](http://www.nqi.ca).

### The Healthy Workplace Awards Key Facts & Dates

*Who can apply:* Organizations of any size and sector

*Deadline:* April 1, 1999

*Adjudication:* Begins in May with site visits conducted in June and July

*Award Ceremony:* October 1999

*Cost:* Varies according to the size of the organization and the stage reached in the adjudication process

*Levels of recognition:* Trophy and Certificate of Merit

*Benchmarking: Focus on Rate Group 851/Homes for Nursing (continued)*

designed to protect small firms from excessive surcharges that could result from a single but very serious accident (and possibly jeopardize the financial viability of the company) and provide incentives to firms so that they will work to prevent and reduce workplace accidents and injuries.

For the purposes of this analysis, we have grouped Rate Group 851 in three groups based on the Rating Factors as follows:

- groups with a Rating Factor of 25% (i.e., small organizations)
- groups with a Rating Factor of more than 25% but less than 50% (i.e., mid-sized organizations)
- groups with a Rating Factor of more than 50% (i.e., large organizations).

This was done so that the three groups would be somewhat comparable in size and so that the anonymity of the few very large firms within the 851 Rate Group would be preserved.

### Caveats

Although the Rating Factor is clearly used as a proxy of organizational size, readers should be aware that some large organizations that operate multiple sites may have these sites assessed at a single organization Rating Factor. The Rating Factor will be based on the nursing homes as an aggregate organization so even if the individual homes are small, their Rating Factor will be larger than independent homes of a similar size. The rationale for this assignment of Rating Factors is that larger organizations will likely have access to

greater health and safety resources than the single location organization. This is important to bear in mind when interpreting the chart that relates to organizations with Rating Factors of 50% or more because not all the organizations reflected will be "large."

Similarly, there may be large firms operating several "independent sites," which are not identified as having the same corporate ownership. They will be included with other small organizations, as defined by the Rating Factor, although they may have access to greater health and safety resources. Some of these interpretational difficulties are not present in the mid-sized group.

The reader should also be aware that while the data presented represents 418 organizations, this analysis really pertains to a much smaller number of companies. The amount of consolidation in this rate group will likely continue in the future.

### Methodology

The data used in this report comes entirely from the Workplace Health & Safety Associations (WWSA) Data System from the WSIB for the calendar year of 1997. It reflects an accurate count of the medical and lost time injury claims (WSIB Form 7)

made during this 12-month period.

For the purposes of the analysis, all three measures of central tendency were computed.

The **mode**, which is the most frequently occurring score, is the highest peak represented on each graph. In very peaked distributions, the mode gives some good indication about the number of claims that are most typical in organizations of that type.

The **median** is known as the "middle score." That is, it has an equal number of scores above and below it. The median does not reflect the size of the differences between the number of claims (contrary to the mean) because it uses order as its defining principle. It can be a meaningful benchmarking tool particularly when looking at number of claims in the upper half of a distribution.

The **mean** or average is the sum of each organization's claims divided by the total number of organizations. It is the centre of gravity for a distribution. Accompanying

the computation of the mean is the **standard deviation**, which provides a measure of the extent to which a distribution is dispersed or spread. The larger the deviation, the greater the dispersion of the distribution. In terms of claims, the flatter and more spread out the number of claims is in the distribution, the greater the standard deviation will be.

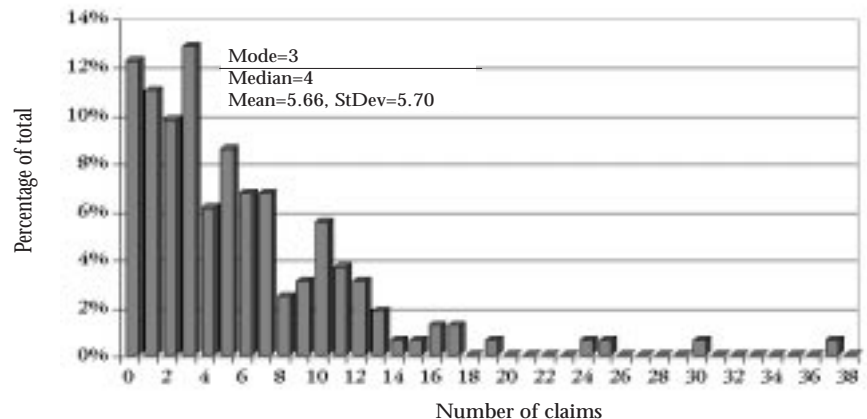
In a normal or unimodal symmetrical distribution, all three measures of central tendency will yield the same number. As a distribution becomes more skewed, these measures will yield different results.

### Findings

Figure 1 shows the frequency distribution of claims for small organizations (N=164). The highest number of claims is 37 (for one organization). Twenty organizations (12%) had no claims, a greater proportion than for the mid-sized and large organizations.

This distribution, like all three distributions, is posi-

**Figure 1. Frequency of claims for organizations with Rating Factors of 25%, Rate Group 851 – 1997 (N=164)**



## Benchmarking: Focus on Rate Group 851/Homes for Nursing (continued)

Table 1. Organizations with Rating Factors of 25%, Rate Group 851 – 1997 (N=164)

Org. Identifier	Claim Count	Rating Factor (%)	Org. Identifier	Claim Count	Rating Factor (%)	Org. Identifier	Claim Count	Rating Factor (%)	Org. Identifier	Claim Count	Rating Factor (%)
00666	0	25.00	17452	10	25.00	22545	3	25.00	50117	11	25.00
01804	6	25.00	17878	5	25.00	22790	9	25.00	52919	7	25.00
03300	10	25.00	18020	3	25.00	22855	5	25.00	53375	17	25.00
04394	7	25.00	18033	11	25.00	22936	6	25.00	54860	2	25.00
04806	5	25.00	18106	3	25.00	23150	5	25.00	55679	0	25.00
10431	16	25.00	18130	1	25.00	23338	16	25.00	56619	5	25.00
10938	12	25.00	18254	2	25.00	23428	0	25.00	65973	3	25.00
10954	7	25.00	18297	10	25.00	23541	2	25.00	68288	0	25.00
11179	7	25.00	18383	4	25.00	23576	3	25.00	69836	14	25.00
11500	11	25.00	18386	9	25.00	23592	3	25.00	71472	4	25.00
11543	1	25.00	18459	7	25.00	23649	5	25.00	72348	4	25.00
11705	8	25.00	18491	19	25.00	23738	5	25.00	73711	0	25.00
11829	0	25.00	18513	3	25.00	24316	3	25.00	74082	3	25.00
12140	3	25.00	18637	3	25.00	24578	5	25.00	74711	12	25.00
12262	6	25.00	18769	10	25.00	24735	15	25.00	75799	2	25.00
12612	4	25.00	18785	9	25.00	25914	7	25.00	76046	6	25.00
12680	2	25.00	19110	5	25.00	30602	0	25.00	76537	0	25.00
12752	7	25.00	19374	6	25.00	32082	0	25.00	77504	4	25.00
12809	12	25.00	19439	11	25.00	36476	7	25.00	79458	4	25.00
12905	5	25.00	19531	2	25.00	36923	3	25.00	80074	1	25.00
13074	2	25.00	20011	3	25.00	37097	2	25.00	80611	7	25.00
13163	13	25.00	20054	13	25.00	37971	0	25.00	81559	0	25.00
13414	2	25.00	20143	13	25.00	39001	3	25.00	82274	5	25.00
13554	12	25.00	20240	3	25.00	39618	3	25.00	83494	1	25.00
14550	8	25.00	20267	0	25.00	40547	0	25.00	85817	2	25.00
14577	10	25.00	20321	24	25.00	43132	1	25.00	86032	8	25.00
15041	4	25.00	20496	3	25.00	43762	3	25.00	86955	10	25.00
15097	10	25.00	20577	17	25.00	43873	4	25.00	88139	1	25.00
15174	1	25.00	20658	6	25.00	44786	6	25.00	90859	1	25.00
15387	2	25.00	20674	5	25.00	45070	3	25.00	92915	6	25.00
15840	1	25.00	20798	6	25.00	45117	1	25.00	93397	25	25.00
16091	2	25.00	21034	2	25.00	45451	1	25.00	94386	0	25.00
16138	30	25.00	21069	0	25.00	46079	1	25.00	95209	5	25.00
16499	2	25.00	21247	4	25.00	46664	6	25.00	96408	6	25.00
16659	5	25.00	21565	12	25.00	46691	7	25.00	96974	1	25.00
16758	10	25.00	21735	8	25.00	46938	0	25.00	97014	9	25.00
16856	0	25.00	22057	10	25.00	47082	2	25.00	97176	2	25.00
16944	3	25.00	22200	3	25.00	47377	1	25.00	97293	1	25.00
17107	1	25.00	22219	1	25.00	47471	11	25.00	97399	9	25.00
17177	4	25.00	22421	0	25.00	48223	0	25.00	98875	1	25.00
17320	7	25.00	22464	0	25.00	49840	37	25.00	99645	11	25.00

tively skewed, with 50% of the claims being less than or greater than 4. The dispersion of the distribution is rather large. The mean and standard deviation for the small organizations is smaller than for the mid-sized and larger groups.

The specific organization details are provided in Table 1. This data is organized in ascending order according to the last five digits of the WSIB Account Number.

Figure 2 shows the frequency distribution of claims for mid-sized organizations (N=127). The highest number of claims was

38 (for one organization). Ten organizations (8%) had no claims.

This distribution is a little flatter than the distribution for the small organizations with more variation in the number of claims (i.e., the measures of central tendency yield very different values). Although the mode is smaller for mid-sized organizations than the small organizations, it is noteworthy that both the median and mean are greater.

Table 2 provides the specific details for this data. This data is

## Benchmarking: Focus on Rate Group 851/Homes for Nursing (continued)

Table 2. Organizations with Rating Factors of more than 25% but less than 50%, Rate Group 851 – 1997 (N=127)

Org. Identifier	Claim Count	Rating Factor (%)	Org. Identifier	Claim Count	Rating Factor (%)	Org. Identifier	Claim Count	Rating Factor (%)	Org. Identifier	Claim Count	Rating Factor (%)
00574	6	49.01	16932	8	43.44	21921	6	28.05	35062	3	39.79
00603	20	29.78	16940	1	43.44	22022	4	31.14	37900	16	29.13
00853	1	28.83	16967	4	43.44	22293	8	40.49	43116	8	37.42
03319	3	29.88	17126	2	29.25	22588	4	26.50	44030	22	46.40
04552	1	32.94	17296	0	49.51	22618	0	33.87	45966	7	49.01
05726	24	25.34	17326	18	49.51	22634	6	35.44	51831	10	32.07
10555	3	35.61	17584	0	27.98	22669	6	27.36	51836	5	49.01
10652	2	37.24	17738	6	26.75	22804	9	33.08	53765	2	34.78
10970	2	33.31	18742	1	29.67	22871	1	35.63	56542	15	49.51
11497	1	49.01	18807	34	37.42	23355	17	25.28	63476	0	33.84
11721	38	36.35	18815	11	39.25	23451	14	45.07	63561	3	48.92
11787	0	44.42	18955	1	39.25	23703	7	36.23	66427	2	49.34
12043	10	25.81	18971	1	40.23	23974	15	30.10	66895	7	30.23
12213	9	43.31	19005	11	26.60	24105	7	28.67	69855	5	26.76
12264	3	43.31	19064	2	29.32	25393	0	39.46	69856	1	29.01
12280	10	43.31	19080	12	30.22	25568	4	40.41	69868	4	35.50
12485	7	36.89	19315	11	36.06	26582	6	38.96	70799	4	43.31
13120	3	33.16	19544	35	46.40	26815	15	27.63	77388	5	35.53
13139	22	33.84	19668	3	27.68	26985	2	25.54	78770	14	25.97
13198	15	49.78	19781	7	32.69	27184	10	27.78	80138	11	34.68
13311	8	29.56	19811	26	41.05	29646	18	32.93	80351	4	37.68
13910	2	37.36	19870	12	37.00	29832	5	37.44	81613	8	27.27
14062	9	33.08	19943	9	25.34	29913	3	36.15	81690	9	32.89
14216	17	25.68	19986	17	42.34	30004	0	29.01	83321	7	33.54
14305	2	48.92	20046	2	41.59	30024	25	43.32	85051	2	35.53
14534	9	27.78	20089	3	39.00	30504	22	33.45	87604	9	31.90
15021	3	36.35	20178	11	44.64	30512	18	26.53	89021	5	26.30
15100	4	25.87	20194	24	28.28	30555	15	45.81	98467	5	27.22
15948	0	33.98	20224	5	33.96	30773	2	46.83	99247	0	25.36
16878	16	43.44	20879	11	27.27	30814	6	43.67	99366	3	34.50
16890	17	49.01	21344	2	30.74	31448	8	49.51	99647	0	28.87
16916	9	43.44	21840	6	39.46	34985	25	35.53			

organized in ascending order according to the last five digits of the WSIB Account Number.

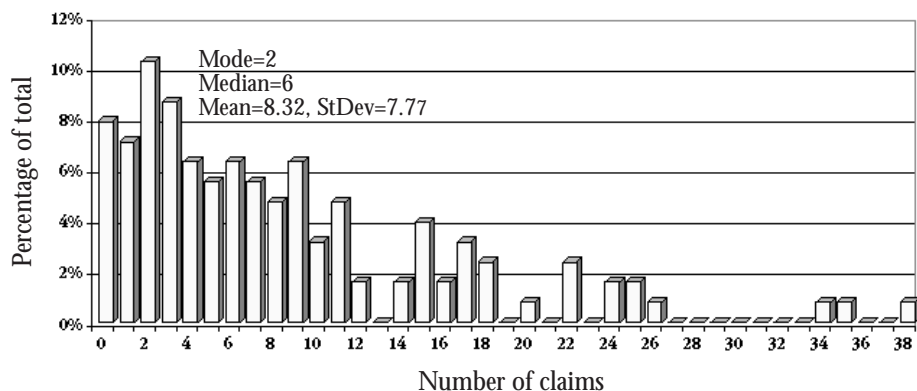
In Figure 3, the frequency distribution of claims for large organizations (N=127) is provided. This distribution has a significant peak at 5 claims (the mode) and a smaller peak at 8 claims. The highest number of claims was 38 (for one organization). Ten organizations (8%) had no claims.

Of all three distributions, this one is perhaps the most "normal," in the sense that the measures of central

tendency are more similar. However, the dispersion of the distribution is still quite substantial.

The specific details for the organizations within this group are provided in Table 3. This data is organized in ascending order according to the last five digits of the WSIB Account Number.

Figure 2. Frequency of claims for organizations with Rating Factors of more than 25% but less than 50%, Rate Group 851 – 1997 (N=127)



Benchmarking: Focus on Rate Group 851/Homes for Nursing (continued)

Table 3. Organizations with Rating Factors of more than 50%, Rate Group 851 – 1997 (N=127)

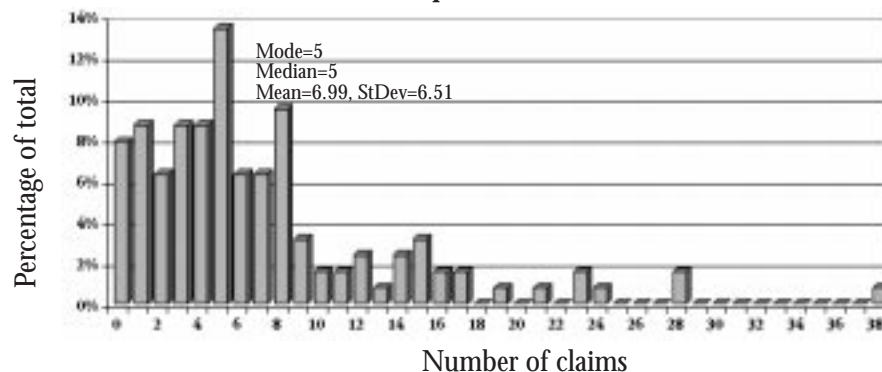
Org. Identifier	Claim Count	Rating Factor (%)	Org. Identifier	Claim Count	Rating Factor (%)	Org. Identifier	Claim Count	Rating Factor (%)	Org. Identifier	Claim Count	Rating Factor (%)
03297	7	83.32	16421	15	60.60	22758	3	68.74	42494	0	68.00
08716	23	75.93	16723	15	53.86	23117	15	58.12	42532	5	68.00
08724	13	75.93	16766	5	53.86	23207	3	67.26	42567	7	68.00
08732	1	75.93	16774	5	64.49	23673	2	67.26	42613	1	68.00
08740	0	75.93	16790	14	64.49	24782	10	70.79	44081	3	53.52
10036	7	73.52	16847	8	70.05	25061	1	70.79	51748	12	63.76
10060	6	73.52	16863	4	70.05	25126	0	70.79	51772	3	63.76
10087	8	73.52	16898	1	56.27	25134	0	70.79	51799	2	63.76
10109	6	73.52	16928	8	61.40	25150	6	70.79	52064	6	83.32
10125	5	73.52	16952	12	70.05	29247	17	53.52	55151	5	63.76
10133	5	73.52	16987	38	64.49	30288	8	50.92	56657	8	60.60
10168	4	73.52	17037	6	68.74	30377	12	66.82	61916	5	83.32
10184	5	73.52	17061	2	64.49	30657	4	56.27	63990	7	63.76
10192	3	73.52	17096	3	61.40	30768	24	56.08	65507	1	75.93
10206	8	73.52	17622	5	59.69	30822	4	52.98	66327	19	51.86
10792	3	67.26	17754	6	67.26	33966	16	72.21	68261	8	60.60
11691	4	53.86	18203	15	58.99	33974	2	72.21	68296	8	60.60
11780	5	68.74	18262	4	52.77	33982	16	72.21	76434	28	58.99
11942	8	61.40	18556	8	50.90	33990	4	72.21	79394	1	50.18
12515	5	83.32	18572	3	70.05	37004	9	68.00	81125	17	70.79
12531	7	83.32	19633	14	55.02	37791	1	76.19	86775	7	83.32
12574	4	83.32	19692	14	68.18	37821	2	76.19	87489	0	70.79
12604	10	83.32	19919	1	51.33	37929	9	76.19	87640	5	70.79
12620	3	83.32	20534	3	58.33	37945	11	76.19	87659	28	70.79
12647	0	83.32	20895	5	58.99	37961	4	76.19	87683	3	70.79
12655	2	83.32	21654	8	56.27	37988	0	76.19	87705	1	70.79
12663	1	83.32	21824	1	83.32	38003	0	76.19	87780	2	70.79
13260	5	68.00	22065	0	50.92	42303	0	68.00	87896	21	70.79
14313	6	68.74	22170	7	53.84	42362	5	68.00	87926	2	70.79
14399	5	61.40	22332	11	67.26	42397	5	68.00	90342	4	83.32
14798	9	59.69	22358	23	53.29	42427	6	68.00	91343	4	68.00
16391	8	52.85	22693	7	61.40	42443	9	68.00			

When comparing all three groups, it is noteworthy that mid-sized organizations tended to have more claims (both the median and mean were higher for the mid-sized group). Given that the group representing large organizations also contained small organizations (see **Caveats** above), it may be incorrect to assume that mid-sized organizations had more claims than large organizations. However, we can confidently assert that mid-sized organizations had more claims than smaller organizations.

A comparison of all three groups is provided in Table 4 and Figure 4. The measures of central tendency for the entire Rate Group are as follows: Mode = 3; Median = 5; Mean = 6.87 (StDev = 6.72). One in ten organizations had no WSIB claims.

...continued on page 10

Figure 3. Frequency of claims for organizations with Rating Factors of 50%+, Rate Group 851 – 1997 (N=127)



*Benchmarking: Focus on Rate Group 851/Homes... (continued)*

Table 4. Frequencies and percentage frequencies for distribution of claim counts for three groups, Rate Group 851 – 1997 (N=418)

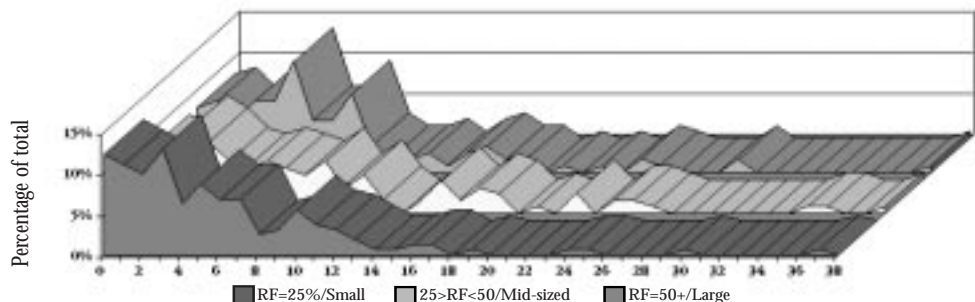
Claim Count	Small		Mid-Sized		Large		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
0	20	12%	10	8%	10	8%	40	10%
1	18	11%	9	7%	11	9%	38	9%
2	16	10%	13	10%	8	6%	37	9%
3	21	13%	11	9%	11	9%	43	10%
4	10	6%	8	6%	11	9%	29	7%
5	14	9%	7	6%	17	13%	38	9%
6	11	7%	8	6%	8	6%	27	6%
7	11	7%	7	6%	8	6%	26	6%
8	4	2%	6	5%	12	9%	22	5%
9	5	3%	8	6%	4	3%	17	4%
10	9	5%	4	3%	2	2%	15	4%
11	6	4%	6	5%	2	2%	14	3%
12	5	3%	2	2%	3	2%	10	2%
13	3	2%	0	0%	1	1%	4	1%
14	1	1%	2	2%	3	2%	6	1%
15	1	1%	5	4%	4	3%	10	2%
16	2	1%	2	2%	2	2%	6	1%
17	2	1%	4	3%	2	2%	8	2%
18	0	0%	3	2%	0	0%	3	1%
19	1	1%	0	0%	1	1%	2	0%

Claim Count	Small		Mid-Sized		Large		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
20	0	0%	1	1%	0	0%	1	0%
21	0	0%	0	0%	1	1%	1	0%
22	0	0%	3	2%	0	0%	3	1%
23	0	0%	0	0%	2	2%	2	0%
24	1	1%	2	2%	1	1%	4	1%
25	1	1%	2	2%	0	0%	3	1%
26	0	0%	1	1%	0	0%	1	0%
27	0	0%	0	0%	0	0%	0	0%
28	0	0%	0	0%	2	2%	2	0%
29	0	0%	0	0%	0	0%	0	0%
30	1	1%	0	0%	0	0%	1	0%
31	0	0%	0	0%	0	0%	0	0%
32	0	0%	0	0%	0	0%	0	0%
33	0	0%	0	0%	0	0%	0	0%
34	0	0%	1	1%	0	0%	1	0%
35	0	0%	1	1%	0	0%	1	0%
36	0	0%	0	0%	0	0%	0	0%
37	1	1%	0	0%	0	0%	1	0%
38	0	0%	1	1%	1	1%	2	0%
Total	164	100%	127	100%	127	100%	418	100%

We welcome your feedback on this analysis and its usefulness as a benchmarking tool.

Questions about the data presented above should be directed to Michael Atkinson, HCHSA Consultant at Tel. 1-877-250-7444, ext. 125; E-mail: [matkinson@hchsa.on.ca](mailto:matkinson@hchsa.on.ca)

Figure 4. Frequency of claims by Rating Factor groups, Rate Group 851 – 1997 (N=418)



## Conference Update

### OHA Convention

HCHSA Consultants attended the OHA Convention in early November. We appreciated hearing from the many visitors to our exhibit. One hundred and seventy delegates entered our draw for the *Dorland's Illustrated Medical Dictionary*. This draw was the brainchild of Jo Nyran, one of the HCHSA consultants. The winner was Marjori Medley, Director of Pharmacy at the Collingwood General Hospital.



*Congratulations Marjori!*

### Canadian Home Care Association Conference

We also exhibited at the CHCA conference in early December. We were fortunate to speak with a number of representatives from community care access centres from around the province. These people identified a need for HCHSA resources directly applicable to community settings, further validating the findings of our fax back survey (see page 1).

During this conference, our draw was for ten "Call Police"

signs (see page 12 for a description). The winners were: Kaye Becker, Northwest District Health Meadow Lake; Ruth Dorrington, CCAC Grey-Bruce; Kim Fraser, WeCare Edmonton; Eileen Haslam, CCAC Barry's Bay; Sue Kelly, Olsten Health Services Toronto; Bernadette Kint, CCAC Toronto; Dawn Lazare, Homecare Kahnawake; Sydney Linekar of The Arthritis Society; Joan McDonald, WeCare Etobicoke & West Toronto and Carole Taylor, CCAC Huron.

## Y2K Update



By Derek Thuot, M.Sc. (A), Associate Consultant

This is the first of two articles on the Y2K issue. Our next newsletter will focus on conducting Y2K audits and contingency planning.

### What is the concern and why?

The Y2K problem refers to the inability of certain computers to interpret correctly and process a date beyond December 31<sup>st</sup>, 1999. Historically, it stems from the early days of computer technology where the emphasis was on accelerating computer processing by reducing the information that was stored.

One of the methods programmers used to "squeeze" data was to compress dates into a six-digit format (dd/mm/yy). While this made sense in the 1950s and early 1960s, as time marched on, this solution became less and less viable.

The Y2K problem can be rooted in either hardware or software. A considerable portion of electronic devices and older computer systems use the six-digit date format. This means that the year 2000 will be read as "00." Depending on the nature and function of the device, the result may range from no malfunction to inaccuracies in sorting databases with date ranges to total system failure! No one is sure about how devices will respond.

In addition, software may have date sensitive codes or

programmer languages where dates are embedded. Determining which software has a six-digit format and where the dates are with the software itself becomes an incredibly complex task.

### What are the implications for health care facilities?

The Y2K problem has significant implications from the perspective of health and safety in the health care workplace. First, the health care system relies on technical devices, computers and information systems to perform critical, life-sustaining tasks, emergency services, administrative tasks and quality assurance. Second, many health care processes are reliant on the coordinated efforts of not only internal staff but external providers. Even if a health care organization has ensured that its Y2K problem is addressed, it may still be affected by an external provider who has not. By way of an example, consider the group home that relies on a pharmacy delivery service. If that company's refrigeration unit shuts down because of a Y2K problem in one of its warehouse's computer chips and perishable pharmaceuticals for the group home spoil, it is the group home that will have the problem.

Some of the systems and devices that may be potentially affected by Y2K include:

#### Information Systems

- Accountancy systems
- Purchase order systems
- Assembly line process control
- Key paper-based systems forms and documentation
- Network server systems

- Central database storage facilities
- Central computer systems
- PCs and software

#### Other Systems

- Access control systems (e.g., security)
- Building systems (e.g., elevators)
- Environmental control systems (e.g., heating)
- Data communications equipment (e.g., phones)
- Sales order processing systems
- Medical devices

Particular attention should be given to medical devices such as patient monitors, ECGs, EEGs and lasers. The health care industry simply cannot afford to have this equipment fail during patient treatment procedures.

### Where can you go for further information?

The Medical Devices Bureau of Health Canada has been systematically reviewing medical devices. Their web site ([www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/](http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/)) provides information on the medical devices reviewed to date.

Another valuable source of the information is the Ontario Hospital Association (OHA) web site ([www.oha.com/oha/ohawm.nsf](http://www.oha.com/oha/ohawm.nsf)). From this site, you can access a PDF file entitled "Getting Ready for the Year 2000: A Handbook for Ontario Hospitals." The handbook outlines the Y2K problem and provides a step-by-step program to address it.

For family physicians, the American Academy of Family Physicians has a downloadable monograph "Family Physicians and the Year 2000:

### Y2K References

Elash, A. (1998). Time's running out as physicians await Y2K fallout. *Canadian Medical Association Journal*, 159 (6), 697-699.

Johnson, A. (1998). 2000 and out? Computers and the 'millennium time bomb.' *Journal of Audiovisual Media in Medicine*, 21 (1), 21-22.

Kibble, D.C. (1998). The Year 2000 problem: How will it affect health care quality improvement. *Journal of Quality Improvement*, 24 (11), 653-657.

Macles, D. (1998). Avoid the millennium bug. *AAOHN Journal*, 46 (5), 263-265.

Rashbass, J. (1998). Facing up to the year 2000 computer bug. *Journal of Clinical Pathology*, 51 (3), 177-178.

Scoville, R. (1998). The Year 2000 problem: What health care professionals really need to know. [www.futurehealthcare.com/pages/Y2K.html](http://www.futurehealthcare.com/pages/Y2K.html)

Preventive Medicine for the Millennium Bug," available at [www.aafp.org/fpnet/y2k](http://www.aafp.org/fpnet/y2k)

The American Health Association (AHA) offers a book called "The Year 2000 Health Care Survival Guide: Strategies and Solutions for Executives" designed for health care leaders. It can be purchased through the AHA site at [www.ahapress.com](http://www.ahapress.com)

Original articles and health care-specific references are available at the web site of Rx2000 Solutions Institute of Minneapolis. Their address is: [www.rx2000.org](http://www.rx2000.org)

The mini bibliography provided in the sidebar will also provide valuable information.

For more information, please contact Derek Thuot, HCHSA Consultant at Tel. 1-877-250-7444, ext. 130; E-mail: [dthuot@hchsa.on.ca](mailto:dthuot@hchsa.on.ca)

## Products/Resources

### Reducing Needlestick Accidents Needle-Ease® Needle Disintegration System™

This three-pound rechargeable unit is designed to disintegrate 20 to 30 gauge needles to sterile ash in seconds. It can be operated by healthcare workers with one hand. All components of the unit are CSA or UL, approved or listed and the device has been successfully tested to several international safety standards.

For more information, call 1-800-387-4198, fax (519) 754-4725, Web site: [www.needle-ease.com](http://www.needle-ease.com)

### Highway Help Police Safety Program

Community caregivers who face the possibility of being stranded on the roadway can obtain through this program a durable plastic "Call Police" sign that hooks on the car window. It can be seen by passing motorists from both directions — at any time of day and during any weather conditions due to its reflective strip. A number of work places have used this program as part of an organization-wide safety initiative. Educational and administrative support are provided to workplaces that join this program. For more information, contact Tracey MacLaurin, Project Coordinator at Tel. (519) 896-3190, fax (519) 896-3205.

### Advice for Your Clients With Pacemakers

Two reports in the November 5, 1998 *New England Journal of Medicine* found that some anti-theft surveillance systems installed at store exits create magnetic interference that can disrupt pacemakers. These surveillance systems appear to "fool" the defibrillator into

thinking that the heart is beating improperly. The results can be fatal. People with pacemakers are advised to pass through these gates (where they are detectable) as quickly as possible.

### BODY BASICS for life

Looking for an easy-to-read health promotion resource for your employees? This 64 page book provides practical suggestions on how to prevent injuries at work and at home. Written by Karen Webb, a physiotherapist with over 20 years of experience in hospital and clinic settings, this book details a number of exercises, fitness activities and tips designed to improve the healthy habits of employees. Single copies are available for \$9.95. Discounts are available on quantities of 10 or more. A training package consisting of instructor's preparation, overhead transparencies, review and evaluation is also available. For more information, contact Birchcliff Publishing Inc., Toll Free 1-888-472-9121.

### Microwave Safety

With a variety of new plastics being introduced in the food packaging industry, caregivers and consumers should exercise caution when selecting containers to use for microwaving foods. The plasticizers which result from some plastic containers during the microwaving process can emit hormone-mimicking substances called endocrine disrupters. These have been linked to birth defects, cancer and fertility problems.

Minimum safety considerations for microwaving are as follows:

- Cook only in containers labelled for use in the microwave.

- Use microwaveable glass with lids rather than microwaveable plastic. If you prefer plastic cookware, use a container made of polyethylene and leave a gap between food and plastic wrap. (Consumer Reports magazine found that Rubbermaid and Tupperware did not release any plasticizers.)
- Do not use margarine tubs, dairy food containers or deli wraps in the microwave. They are not heat-tested and could let chemicals leach into food.
- Remove meat, poultry and fish from butcher traps and cling-wraps before microwave defrosting.
- Do not reuse plastic trays containing microwaveable entrees. These are intended for single use only.

(From: Marilyn Chase, *The Wall Street Journal*, October 20, 1998, Does plastic belong in the microwave?)

### Hazard Control Technologies in Healthcare: Collaborative Strategies for the Next Millennium

Hazard control in the healthcare sector is a constantly evolving area of research with a steady stream of new technologies being implemented. This upcoming ACGIH Conference is designed to bring together professionals in engineering, the regulatory community, infection control, occupational health and industrial hygiene

professionals and promote interdisciplinary dialogue about biological, physical and chemical hazards encountered in healthcare settings. The conference will be held in Colorado Springs from August 2-4, 1999. For more information, consult the ACGIH web site: [www.acgih.org](http://www.acgih.org)

### ALERT re: Peristaltic Pump Hoses

There is potential for peristaltic pump hoses found in both laundry and dishwashing areas to become disconnected at both the pump end and the delivery end. In the fall, a worker in the laundry of a nursing home was sprayed with caustic detergent from an automatic dispensing system pump mounted at eye level. The manufacturer, Diversey-Lever has reportedly re-designed the pump systems for ease of maintenance and metal covers are no longer provided at the point where the hose connects to the pump. The metal covers help to contain the solution in the event of a disconnection. In addition to the new design, there may also be instances where existing covers have been removed for ease of maintenance. Following this accident, the manufacturer installed cable ties at the connection point as a preventive measure. For more information, please contact Anna Ballon, Ministry of Labour Inspector at Tel. (416) 314-5442.

## Upcoming Conferences

Look for HCHSA Consultants at the Ontario Nursing Home Association/Ontario Residential Care Association and Ontario Home Health Care Providers' Association Convention and Trade Show at the Metro

Toronto Convention Centre from March 8-11, 1999.

We will also be attending the IAPA Health & Safety Conference and Trade Show at the Metro Toronto Convention Centre from April 26-28, 1999.